MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08399

08387

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Indian Head Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Marshall (Last) Boykin

4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 54 19

5. SEX: Male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-19-77

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Govt-Employee

11. BIRTHPLACE (State or foreign country): Portsmouth Va.

12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Vincent M. Boykin

14. MOTHER'S MAIDEN NAME: Erma Chapman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs R M Boykin (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Pneumonia, Hypostatic, Bilateral — Interval Between Onset and Death: Four Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis, General — Indefinite

DUE TO

(c) Senility — Indefinite

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-50, 19 9-23-54, 19, that I last saw the deceased alive on 9-23-54, 19, and that death occurred at 6:00 P m., from the causes and on the date stated above.

SIGNATURE James E. Andrews (DEGREE OR TITLE) MD. ADDRESS Indian Head Md DATE SIGNED 9-23-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Sept. 25 1954 — NAME OF CEMETERY OR CREMATORY Bumpy Oak — LOCATION (City, town or county) Pomonkey Md. (State)

DATE REC'D BY LOCAL REG. 9.25.54 — REGISTRAR'S SIGNATURE Mrs. Adey Price — 24. FUNERAL DIRECTOR Hunt & Lyon Waldorf, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

RECEIVED
SEP 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08388

CERTIFICATE OF DEATH

Reg. Dist. No. 08400 706

1. PLACE OF DEATH:
COUNTY Charles. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac Hts. Md. X
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac Hts. X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Kevin (Middle) Frederick (Last) BROWN

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: US. White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.

8. DATE OF BIRTH: 14 June 54

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 3 Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None.

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GORDON Francis BROWN

14. MOTHER'S MAIDEN NAME: Marjorie Jane Maddox.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none —

17. INFORMANT & ADDRESS: Father: Gordon Brown. Potomac Hts. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

754.4

Immediate cause (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH 1 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Congenital heart - transposition of great vessels. 3 mo

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE — (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 June 1954, to 14 Sept 1954, that I last saw the deceased alive on 14 Sept, 1954, and that death occurred at 12:00 P.M., from the causes and on the date stated above.

SIGNATURE S Woody. (DEGREE OR TITLE) MD ADDRESS La Plata. Md DATE SIGNED 14 Sept 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Sept 15 1954

NAME OF CEMETERY OR CREMATORY St Joseph

LOCATION (City, town, or county) (State) Pomfret Md

DATE REC'D BY LOCAL REG. Sept 15-54

REGISTRAR'S SIGNATURE M. L. Moore Mrs. Odey Price mgr.

24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS

2064247405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

SEP 17
RECEIVED
SEP 17 1954
BUREAU V. S.

08389 MARYLAND STATE DEPARTMENT OF HEALTH 08401

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Indian Head
LENGTH OF STAY (In this place) Did not
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location) Mattingly Ave

3. NAME OF DECEASED (Type or Print) (First) Kenneth (Middle) Oliver (Last) Buck
4. DATE OF DEATH (Month) Sept. (Day) 16 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 19, 1917
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Powder factory Attdt
10b. KIND OF BUSINESS OR INDUSTRY U.S. Naval Powder factory
11. BIRTHPLACE (State or foreign country) Reading, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Oliver George Buck
14. MOTHER'S MAIDEN NAME Florence Wanner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Mrs. Wm Donley, Indian Head, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8940

Immediate cause (a) Asphyxiation from accumulated gases in well — 1/2 hour.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Indian Head (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) Sept. (Day) 16 (Year) 1954 (Hour) 6 45 p.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Had blasted well night before with dynamite & suffocated from accumulated gases

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank H. Susan M.D. ADDRESS Indian Head, Md. DATE SIGNED 9-16-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 20 54
NAME OF CEMETERY OR CREMATORY Mt Rest
LOCATION (City, town, or county) La Plata Md (State)

DATE REC'D BY LOCAL REG. 9-20-54
REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR Hartt & Myers Waldorf Md ADDRESS

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08402

08390

CERTIFICATE OF DEATH

Reg. Dist. No. 100

2-3132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-54

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sys Mem Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco 16 X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) M. (Last) DEMARR.

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct 22 1901

9. AGE last birthday: 52 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): West Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Jerome DeMarr Aquasco Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Cerebral occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Sept, 1954, to 29 Sept, 1954, that I last saw the deceased alive on 29 Sept, 1954, and that death occurred at 10:55 p.m., from the causes and on the date stated above.

SIGNATURE S R Woodall. (DEGREE OR TITLE) MD ADDRESS La Plata. DATE SIGNED 29 Sept 54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Oct 2 1954

NAME OF CEMETERY OR CREMATORY DeMarr Family Cemetery

LOCATION (City, town, or county) (State) Aquasco Md

DATE REC'D BY LOCAL REG. 10/2/54

REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR ADDRESS Hunt & Ryon Waldorf Md.

RECEIVED
OCT 5 1954
BUREAU V. S.

08391 MARYLAND STATE DEPARTMENT OF HEALTH 10360

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 102

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newfoundland — LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Newfoundland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newfoundland
STREET ADDRESS (If rural, give location) Newfoundland

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Louise (Last) Dent
4. DATE OF DEATH: (Month) Sept (Day) 3 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sep. 31, 1954
9. AGE last birthday: yrs. If under 1 year: Months — Days 4 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Newfoundland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Proctor
14. MOTHER'S MAIDEN NAME: Margueurite Dent
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Marguerite Dent, Hill Top, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (Infant was 7 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pre-mature & weighed 3 lbs at birth)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Truth G. Swan M.D. Indian Head, Md. 9-7-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 9-7-54 — NAME OF CEMETERY OR CREMATORY Lion Baptist Church — LOCATION (City, town, or county) Hill Top (State) Md
DATE REC'D BY LOCAL REG. 9/7/54 — REGISTRAR'S SIGNATURE Odey Price
24. FUNERAL DIRECTOR None Wilf T. [illegible] Md. ADDRESS
John Proctor father

40842142 21

RECEIVED
NOV 16 1954
BUREAU V. S.

08392

MARYLAND STATE DEPARTMENT OF HEALTH

08403

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Indian Head
LENGTH OF STAY (In this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural – Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) John (Last) Donley
4. DATE OF DEATH (Month) Sept. (Day) 16 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-19-17
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electronic Engineer
10b. KIND OF BUSINESS OR INDUSTRY U.S. Naval Ord. Lab
11. BIRTHPLACE (State or foreign country) Chicago Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Arthur John Donley
14. MOTHER'S MAIDEN NAME Josephine Rada
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) U.S. Marines 1936-40
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mrs Wm J. Donley, Indian Head, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation from gases in well — INTERVAL BETWEEN ONSET AND DEATH 1/2 hour.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Indian Head (COUNTY) Charles (STATE) Md
TIME OF INJURY (Month) Sept (Day) 16 (Year) 1954 (Hour) 6:30 p.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Had blasted well night before with dynamite & suffocated from accumulated gases.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.*

SIGNATURE Frank Dean (Degree or title) M.D. ADDRESS Indian Head, Md. DATE SIGNED 9-16-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 20 1954
NAME OF CEMETERY OR CREMATORY Mt Rest
LOCATION (City, town, or county) La Plata Md (State)
DATE REC'D BY LOCAL REG. 9-20-54
REGISTRAR'S SIGNATURE M. L. Neourse
24. FUNERAL DIRECTOR Hunt & Ryan Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 21 1954
BAU V. S.

08393

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08404

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata; LENGTH OF STAY (in this place) 1½ hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mem Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wel Alton, Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) PARRAN (Middle) Leonard (Last) Goldsmith

4. DATE OF DEATH: (Month) Sep (Day) 30 (Year) 1954

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH July 23 1931 | 9. AGE last birthday 23 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leo T Goldsmith | 14. MOTHER'S MAIDEN NAME Grace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. 214-34-6485 | 17. INFORMANT AND ADDRESS Grace Goldsmith Waldorf Md

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Hemorrhage	9-30-54
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gunshot wound of	9-30-54
	(c) Left Chest	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Tompkinsville | (COUNTY) Chas. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 9 30 54 6P m | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Self inflicted (suicide)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE C Hedelen (Degree or title) MD | ADDRESS La Plata Md | DATE SIGNED 9-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10-3-1954 | NAME OF CEMETERY OR CREMATORY Christ Church | LOCATION (City, town, or county) (State) Waysides Md.

DATE REC'D BY LOCAL REG. 10/2/54 | REGISTRAR'S SIGNATURE Julia H Carey | 24. FUNERAL DIRECTOR Hunt & Pyson | ADDRESS Waldorf Md

OCT 5
BUFFALO, N. Y.

08394 MARYLAND STATE DEPARTMENT OF HEALTH 08405

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alvie (Middle) (Last) HAMILTON
4. DATE OF DEATH (Month) (Day) (Year) Sept. 23 1954
5. SEX M.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 11, 1895
9. AGE last birthday 59 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Wiring & Plumb.
11. BIRTHPLACE (State or foreign country) Charles Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Albert M. Hamilton
14. MOTHER'S MAIDEN NAME Ella Wilkerson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
If yes, give war or dates of service World War II
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Norman Hamilton, Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 9-23-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE O. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 9-23-54

DISPOSAL OF REMAINS Burial DATE THEREOF Sept. 25, 1954 NAME OF CEMETERY OR CREMATORY Oakland LOCATION (City, town, or county) Waldorf, Md. (State)

DATE RECD BY LOCAL REG. 9-25-54 REGISTRAR'S SIGNATURE M. L. Monroe 24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08406

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08395

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-5

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARCellus (Middle) DARRELL (Last) Hemsley

4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: June 3, 1954

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 3½ | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infnt

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Allen Mason

14. MOTHER'S MAIDEN NAME: Agnes Hemsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Agnes Hemsley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Infections diarrhea — INTERVAL BETWEEN ONSET AND DEATH: 9-25-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-25-54, to 9-26-54, that I last saw the deceased alive on 9-28-54, and that death occurred at 1:30 m. from the causes and on the date stated above.

SIGNATURE L. J. Edelen MD (DEGREE OR TITLE) ADDRESS La Plata Md DATE SIGNED 9-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/29/54 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county) (State): La Plata Md

DATE REC'D BY LOCAL REG. 9/29/54 — REGISTRAR'S SIGNATURE: Julia A Pacey

24. FUNERAL DIRECTOR: Joseph Hemsley — ADDRESS: La Plata, Md.

4V64 7 9 9 Md

RECEIVED
OCT 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08396

CERTIFICATE OF DEATH

08407

Reg. Dist. No. 705

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Victor (Middle) M. (Last) Herbert

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Aug 15 1900

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Liquor

11. BIRTHPLACE (State or foreign country): Newport, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leon Herbert

14. MOTHER'S MAIDEN NAME: Eloise Shubavrine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-03-6539

17. INFORMANT & ADDRESS: Mrs Ronnel Howard Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cancer of mouth — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 6-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 ..., 19 54, to 9-29 ..., 19 54, that I last saw the deceased alive on 9-29 ..., 19 54 and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE J. Edelen (DEGREE OR TITLE) MD ADDRESS La Plata Md DATE SIGNED 9-30 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Oct 2 1954 — NAME OF CEMETERY OR CREMATORY St Peters — LOCATION (City, town, or county) Waldorf Maryland (State) Md

DATE REC'D BY LOCAL REG. 10.4.54 — REGISTRAR'S SIGNATURE M. L. Mourer

24. FUNERAL DIRECTOR Hewitt & Ryon — ADDRESS Waldorf Md

08397

MARYLAND STATE DEPARTMENT OF HEALTH

08408

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Item 9, FilmG170A 9-24-54 et

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys. Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Essex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Center Cross
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) F. (Last) Krietz
4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Aug 15 1877
9. AGE last birthday 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Augustus Krietz
14. MOTHER'S MAIDEN NAME Harriet Budd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS William H Krietz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 9-15-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 9-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 17 1954 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 9/18/54 — REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Hunter & Ryon — ADDRESS La Plata Md

VS. A15A

RECEIVED
SEP 2
BUREAU

08398 MARYLAND STATE DEPARTMENT OF HEALTH 08409

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Item 7, FilmG171 10-15-54 et

Reg. Dist. No 106

1. PLACE OF DEATH: COUNTY Naval Powder Factory Ind Head MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ind Head
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Charles COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Swan Street

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) HENRY (Last) NEALE
4. DATE OF DEATH (Month) 9-25-54 (Day) (Year) 19

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-25-94
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Government
11. BIRTHPLACE (State or foreign country) Parttobacco Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Neale
14. MOTHER'S MAIDEN NAME Catharine Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestion and edema, pulmonary, severe	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fatty metamorphosis, li[illegible]	Several Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .*

SIGNATURE C. J. Edelen MD (Degree or title) ADDRESS La Plata Md DATE SIGNED 9-25-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-29-54
NAME OF CEMETERY OR CREMATORY Saint Charles
LOCATION (City, town, or county) Glymont (State)

DATE REC'D BY LOCAL REG. 9/26/54
REGISTRAR'S SIGNATURE Odey Price
24. FUNERAL DIRECTOR Naval Infirmary ADDRESS Indian Head, Md.

Johnson & [illegible] D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

(Reid 0730
9/26/54 KB)

08399 MARYLAND STATE DEPARTMENT OF HEALTH 08410

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac Hts. LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Circle Avenue.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE OHIO COUNTY Perry
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CORNING
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ARTHUR (Middle) R. (Last) TRICKETT
4. DATE OF DEATH (Month) Sept (Day) 5 (Year) 1954
5. SEX Male
6. COLOR OR RACE white
7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH June 1892
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) OHIO
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James TRICKETT
14. MOTHER'S MAIDEN NAME NNK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI - 1917
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Son: Arthur R. Trickett. JR.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlussion — 15 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. Woodley (Degree or title) M.D. ADDRESS La Plata. Maryland. DATE SIGNED 5 Sept 54.

23. ~~BURIAL~~ CREMATION REMOVAL (Specify) DATE THEREOF Sept 6 1954 NAME OF CEMETERY OR CREMATORY Corning Ohio LOCATION (City, town, or county) Corning (State) Ohio

DATE REC'D BY LOCAL REG. 9/6/54 REGISTRAR'S SIGNATURE Julia H. Casey 24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08411

08400

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY ~~Pomonkey~~ Charles MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pomonkey Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Matilda (Last) Turpin
4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: March 5
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pomonkey Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Easton
14. MOTHER'S MAIDEN NAME: Lucy Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Cerebral Hemorrhage 9-14-54

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Heart Disease 2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 53, 1953 to Sept 25, 1954, that I last saw the deceased alive on Sept 25, 1954 and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frank L. Susan M.D. Indian Head Old

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 9-29-54 | NAME OF CEMETERY OR CREMATORY Metropolitan | LOCATION (City, town, or county) (State) Pomonkey Chas. Md
DATE REC'D BY LOCAL REG. 9-25-54 | REGISTRAR'S SIGNATURE Mayme E. Ransome | 24. FUNERAL DIRECTOR Barnes & Matthew ADDRESS

VS. A15 8-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08412

08401 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:

COUNTY Charles MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Charles

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Woodland

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 20 1954

5. SEX: Male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept. 18, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days 2 IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Sylvester Woodland

14. MOTHER'S MAIDEN NAME: Mary Margaret Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary Margaret Woodland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 776X

Immediate cause (a) Prematurity

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18, 1954 to 9-20, 1954, that I last saw the deceased alive on 9-20, 1954, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Indian Head, Md. DATE SIGNED 9-21-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9/23/54

NAME OF CEMETERY OR CREMATORY St. Charles

LOCATION (City, town, or county) (State) Indian Head, Md.

DATE REC'D BY LOCAL REG. 9/23/54

REGISTRAR'S SIGNATURE Julia H Pasey

24. FUNERAL DIRECTOR James Matthews, Indian Head, Md. ADDRESS

2094267261

RECEIVED
SEP 27 1954
BUREAU V. S.